

U.S. Department of Health and Human Services
Public Health Service – National Institutes of Health

Application for Pharmacology Research Associate Training (PRAT) Program

Please type or print clearly in black ink

1. Full Name (<i>Last name, First name, middle</i>)	2. For assignment beginning (<i>year</i>)	3. Social Security No.
4. Present Home Address (<i>Street address, city, state, zip code</i>)	5. Phone Number (<i>including area code</i>) Home: Work:	

6. EDUCATION AND PROFESSIONAL TRAINING

a. Undergraduate and Graduate NAMES OF ALL UNIVERSITIES, COLLEGES OR PROFESSIONAL SCHOOLS ATTENDED	LOCATION (<i>City, State</i>)	MAJOR	DATES ATTENDED				DEGREE	Degree Requirements Fulfilled		Conferred or to be conferred		
			FROM		TO							
			MO.	YR.	MO.	YR.		MO.	YR.	MO.	YR.	

b. Other Postdoctoral Fellowships, Training, or Specialized Training

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c. Professional Positions Held or Expected Prior to Duty at NIH

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7. Membership in Honorary Societies

- ☐ Phi Beta Kappa ☐ Omicron Kappa Upsilon
☐ Alpha Omega Alpha ☐ Other (specify):

8. References

Please list below names and addresses of three physicians and/or basic scientists closely associated with your professional career who can evaluate your clinical and research capabilities. You are responsible for requesting them to complete the enclosed evaluation forms.

NAME	ADDRESS
(1)	
(2)	
(3)	

Public reporting burden for this collection of information is estimated to average 105 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, MSC 7974, Bethesda, ME 20892-7974., ATTN: PRA (0925-0378). Do not return the completed form to this address.

NIH 2721-1 (8/04)

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(Continued)

9. Previous Research or Laboratory Experience

DATE	TIME SPENT	DIRECTED BY	RESEARCH PROBLEM

10. PUBLICATIONS *(Use additional sheet if necessary.)*

11. Type of career planned; research; academic objectives

12. What special training or experience do you seek at NIH?

13. Citizen of what country?

☐ U.S.

☐ Other:

14. If other than U.S. citizen, visa status:

15. I certify that the above information is accurate.

Signature:

Date

APPLICANT BIOGRAPHICAL SKETCH
Photocopy this page or follow this format for each person.

NAME	POSITION TITLE
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EDUCATION/TRAINING (Beginning with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training).

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds four pages, select the most pertinent publications. **DO NOT EXCEED FOUR PAGES.**